

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		05/03/01
O.I.P.E. CLASSIFIER	Law	32	5/21
FORMALITY REVIEW	T.A	J. SUM	12/7/03
RESPONSE FORMALITY REVIEW	BE	827	12-08-01
	LI	1106	11/29/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	6/15/03
2	6/15/03
3	6/15/03
4	6/15/03
5	6/15/03
6	0
7	0
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	0
20	0
21	✓
22	✓
23	✓
24	✓
25	N
26	N
27	N
28	✓
29	✓
30	✓
31	N
32	N
33	N
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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